Project Name: CAIR 2.0 Project

OCIO Project #: 4265-21

Department: CA Department of Public Health

Reporting Period: *From:* 9/1/16 *To:* 9/30/16

Total Percent Complete:	90.00%

Executive Project StatusReport

The CAIR2 project is progressing on schedule to go live on Monday, October 3. As the first of three roll-outs, this a tremendous milestone, fueled by a remarkable collaboration between Program, ITSD, HPE and so many others. (Note: The first roll-out was successfully launched as planned, on October 3.)

Accomplishments for this period are:

- Provided CAIR2 training for current active users and opened training registration for new users. Posted user training videos to cairweb.org for user viewing.
- Released new Data Exchange (DX) specifications to submitters and held webinar to communicate key information and answer
 questions. Migrated existing DX accounts to CAIR2 and opened test environment for submitters.
- Completed data migration validation and tested interfaces.
- Trained Help Desk and Data Exchange staff on ZenDesk (interim contact management tool).
- Met with implementation contractor (HPE) to confirm understanding of roles and responsibilities and established escalation contact list.
- Completed coding for 508 compliance.
- Completed and approved the Operational Readiness Assessment, authorizing the first phase roll-out.
- Briefed the Director's Office on the project and upcoming roll-out.

Status: Eighty-five of HPE's project deliverables have been reviewed and approved to date. Project team is currently focused on completing activities required to roll out the first four regions on schedule Monday, October 3.

Background: The CDPH Immunization Branch (IZB) has procured implementation services for CAIR2 from HPE. HPE will consolidate the seven regional immunization registries into a single registry (CAIR2), establish interoperable connectivity between CAIR2 and the three remaining independent regional registries, and modify and install the Wisconsin Immunization Registry (WIR) software as the single consolidated CAIR2 (state hub) for the state of California. The project schedule and budget have been rebaselined in alignment with the Special Project Report (SPR) approved on September 18, 2015.

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Current Status Report

Questions	Yes/No	Cause	Impact	Action Required
Were recent milestones completed on schedule?	Yes			
Were any key milestones or deliverables rescheduled?	No			
3. Was work done that was not planned?	Yes	Two work authorizations were approved for completion in September to make minor application modifications.	Cost was budgeted under Unanticipated Tasks. Schedule is not affected.	None.
4. Were there any changes to scope?	No	Additional work is within existing scope.		None.
5. Were tasks added that were not originally estimated?	No			

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6. Were any tasks or milestones removed?	No		
7. Were any scheduled tasks not started?	No		
8. Are there any new major issues?	No		
9. Are there any staffing problems?	No		

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Variances

Insert the variance value into the appropriate column for each project element listed below. Please describe the actions you plan to take for those items marked "Caution" or "Significant Variance". **The variance must be a numeric value only.**

	On Plan <5%	Caution 5-10%	Significant Variance >10%	Action Required
Schedule	0.00%			None
Milestones	0.00%			No key milestones were scheduled for completion within the current reporting period.
Deliverables	0.00%			None
Resources	0.00%			None
OneTime Cost	0.00%			None
Continuing Cost	0.00%			None

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Monitoring Vital Signs Scorecard

Vital Sign	Variance	Value	Your Score	Score Justification
	High Degree of Buy-In		0	
1. Customer Buy-In	Medium Degree of Buy-In		() D	The Immunization Program very strongly supports the CAIR 2.0.
	Low Degree of Buy-In	2	n	са ст.8.7 саррота иле ст.и. =10.
2. Technology Viability	Strong Viability	0		The hosting environment is based on Linux, which is a proven technology, but outside the CDPH
	Medium Viability	1	Green O	standards. The HPE contract includes eleven months of Linux support and two years of application support. CDPH staff
	Weak Viability	2		have taken training and are ready to assume responsibility for some Linux support with HPE oversight.
O Otatus of the Oritical Dath	<5%	0	G	The project is on target to meet
Status of the Critical Path (delay)	5% to 10%	2	Green	the schedule approved in the
(45.4)	>10%	4	ם	SPR.

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4. Cost-to-Date vs.	<5%	0		G	The music stie on toward to most	
Estimated Cost-to-Date	5% to 10%	2	0	Greer	The project is on target to meet the budget approved in the SPR.	
(higher)	>10%	4	5		the budget approved in the 51 K.	
5 High Drobobility High	0 to 3	0		G	The amoinst has a see high	
5. High-Probability, High- Impact Risks	4 to 6	1	1 0 Green		The project has zero high- probability, high-impact risks.	
Impact Rioke	>6	2		n	productively) mgm impact risks:	
6. Unresolved Issues	On time	0		G	Issues impacting the critical path	
(on time resolution)	Late with no impact	2	0	Green	are being resolved on time.	
	Late impacting the critical path	3		7	a. c. 20	
	Fully engaged	0	2 0 Green International Property of the Prop		The Deputy Director, Center for Infectious Diseases, strongly and enthusiastically champions the	
7. Sponsorship Commitment	Partially engaged	2				
	Inadequate engagement	4			project.	
	Strong alignment			CAIR2 maps to CDPH Strategic Map 2014-2017 Strategic		
8. Strategy Alignment	Partial alignment	1	Green		Objectives A3, B1, B2, B3, C3 and	
	Weak or no alignment	2			Cross-Cutting Strategic Priorities D, E and F.	
	Strong	0			The proposed solution is integral	
9. Value-to-Business	Medium	1	1 0 gg to continuin mission of the		to continuing to accomplish the mission of the Immunization	
	Weak	2			program and the Department.	

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10. Vendor Viability (provide rationale for the rating in the	Strong				HPE is very qualified and well- established. A contract	
field following the scorecard) * If this is not applicable to	Medium		Green 0	amendment for implementation services was executed in January 2016. The contract amount is		
your project, please select a score of "0".	Weak	2			within the SPR-approved budget. Vendor started work in November 2014.	
11. Milestone Hit Rate (rate of achievement as planned)	>90% on time	0	scheduled for con		Five key milestones were scheduled for completion within	
	80-90% on time	1	2 R	Red	the period since the SPR was approved. Three critical path key milestones were completed on	
	<80% on time	2			time. Two key milestones were delayed, but these did not impact the critical path.	
12. Deliverable Hit Rate (rate of production as planned)	>90% on time	0		_		
	80-90% on time	1	0	Green	The vendor's deliverable hit rate has been on schedule.	
	<80% on time	2				

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		Total	2	G		
	Ineffective	2			merged into the CDPH team.	
15. Team Effectiveness	Moderately Effective	1	0	Green	been fully engaged in project. HP team members have successfully	
	Highly Effective	0			Team is effective. Program has	
14. Overtime Utilization(% of effort that is overtime)	>25%	2		ň	on the project to date.	
	15-25%	1	()		No overtime has been expended on the project to date.	
44.0	<15%	0		0		
Resources	<80% assigned and available	4	0	Green	resource increases the actual resources by less than 3%.	
13. Actual vs. Planned	80-90% assigned and available		ଜୁ	ရှ	additional project management	
	>90% assigned and available	2	-		Available and within budget. The	

Green = 0 - 8

Yellow = 9 - 19

Red = 20+

Vendor Viability Rating Rationale

HPE is very qualified and well-established. A contract amendment for implementation services was executed in January 2016. The contract amount is within the SPR-approved budget. Vendor started November 3, 2014. HP team members have successfully merged into the CDPH team. Communication between HPE and CDPH is frequent and effective.

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Look Ahead View

Questions	Yes/No	Impact	Action Required
Will upcoming critical path milestones or deliverables be delayed?	No		
Do any key milestones or deliverables need to be rescheduled?	No		
3. Is there any unplanned work that needs to be done?	No		
Are there any expected or recommended changes to scope?	No		

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5. Are there any tasks not originally estimated that will need to be added?	No	
6. Are there any tasks or milestones that should be removed from the plan?	No	
7. Are there any scheduled tasks whose start will likely be delayed?	No	
8. Are any major new issues foreseeable?	No	
Are any staffing problems anticipated?	No	